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ABSTRACT

Intended for parents and beginning special education teachers, the paper focuses on the negative or debilitating attitudes held toward trainable mental retardates. The major point stressed is that teachers and parents must look to the retardate for their lead and move from that point; rather than molding the retardate's behavior to fit their misperceptions or distorted views of mental retardation. (SBH)

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"Retarding the Retarded"

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This is a critical but informative statement concerning the negative or debilitating attitudes which some parents and teachers hold regarding trainable mental retardates. The paper is primarily aimed at confused parents and beginning special education teachers to allow them to explore their motives and the behavior which they direct toward trainable retardates. The major point stressed in this paper is that teachers and parents must look to the retardate for their lead and move from that point; rather than molding the retardate's behavior to fit their misperceptions or distorted views of mental retardation.

Retarding the Retarded

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Johnny is six years old, but he is different from other children. His parents have been told this fact time and time again, but they refuse to accept it. They are intending to enroll Johnny in a regular first grade class, but he will not remain in the class. Johnny needs special training and special attention because he is a mongoloid. His parents will probably continue to fight and debate professionals who state that Johnny is not normal, but eventually they will accept the fact that he is retarded because reality will surely defeat emotion. Johnny is moderately retarded; he has an I.Q. of 40.

Mike is ten years old, brain damaged, and severely retarded. He has an I.Q. of 34, and he also is enrolled in a day care center for the trainable retarded. Mike is a behavior problem at the training cent[illegible] He can perform many self-help, vocational, and academic tasks, but he generally will not. His parents do everything for Mike including dressing and feeding him. Mike enjoys being catered to, and he expresses his displeasure of being required to participate and work on his own at the center by totally disrupting his group. Mike could do more than he does, but his parents view him as being helpless.

Johnny and Mike are but two of about 1,500,000 children and adults in the United States who are classified as trainable mental

retardates (TMR's). Both sets of parents are avoiding reality and are also avoiding what is best for Johnny and Mike. Essentially, these parents are further retarding their children's development.

In order to better understand the categorization of trainable retardation, operational definitions are in order. TMR's usually manifest I.Q. scores roughly between 25 and 55, and they frequently also carry such descriptive labels as: Down's Syndrome (Mongolism), hydrocephaly, microephaly, or brain-damaged. TMR's will always depend upon someone else to guide them in all areas of their lives for they are not capable of making important life decisions. Trainable retardates are truly retarded intellectually, socially, and emotionally, and they will always be retarded. The inability or the resistance of parents or guardians to accept these facts often initiates a process which can theoretically further retard the intellectual, social, and emotional growth of a TMR.

The birth or impending birth of a child carries with it parental excitement regarding the child's growth, schooling, social activities, and future job. The shocking realization that their newborn child is physically or intellectually handicapped is quite a blow to parents and their dreams, and acceptance of the fact that the child will not be all that one would want him to be is a difficult proposition. When a child is diagnosed as being TMR, parents are faced with two disturbing facts: 1) the child will never grow out of his retardation and 2) personal goals for their child must be modified and usually lowered.

However, one often sees frustrated, confused, or guilt-ridden parents moving in three extreme positions: 1) some parents will not accept the child's handicaps and confront him with unrealistic goals and demands; 2) others essentially give up and treat the child as a vegetable requiring nothing of him; while 3) others seem to be overly-protective and careful to shield the child from the world. The label TMR does not imply that a child is a vegetable. Trainable retardates can and do become productive, working members of society but generally at simple factory or workshop tasks requiring minimal skills. Parents must with the help and guidance of both professionals and non-professionals develop a "middle-of-the-road" attitude toward their children. That is, parents must realize that their child is intellectually limited, but they must be flexible enough to allow the child to experiment, participate in society, grow, develop, and experience new and different things and events. Overprotective parents often treat their retarded children like fragile pieces of china insisting that they cannot possibly do anything, all activities overexcite them and this is bad. Some parents need to evaluate their motives and determine if they treat their TMR in a particular manner because of guilt, embarrassment, ignorance, or just a need to be the boss. Obviously, a distorted view of a TMR's capabilities and reluctance to allow him to experience the world in his own unique way can impede or retard his growth and development.

The problems regarding the hindering of a TMR's educational and social growth do not focus exclusively on parents. Institutions or school programs servicing TMR children can also

contribute to this process. Too many school programs and institutions seem to exude the idea that parents basically do not know anything about retardation and really do not know how to treat their retarded children. Many institutions seem to isolate themselves from parents, viewing themselves as the only ones capable of properly training retarded children. A true TMR's educational experiences should focus on three major objectives: 1) self-help or self-care (dressing, feeding, toilet training, personal needs); 2) social adjustment in the home and neighborhood; and 3) economic usefulness in the home, school, or sheltered workshop. Samuel Kirk in his textbook, Educating Exceptional Children, stresses the aspects of a sound TMR curriculum, and he indicates that 1) in general, TMR's do not learn to read from even the simplest books and emphasis should be placed on recognition of their names and important words needed for self-preservation, i.e., danger, poison, high voltage; 2) arithmetic training should emphasize counting, money concepts, telling time, or understanding the calendar; and 3) special emphasis is placed on socialization and the practical. Dr. Kirk deals with many other curricular concerns, but these are the basics.

In essence, the properly functioning institution or school should be training the TMR for what he needs. However, many instructors seem to believe that the defective organism known as a TMR is reparable, and this is a fallacy. One can visit some TMR classrooms and observe a tremendous amount of time being wasted on rote-memory and imitation without comprehension. Often this exercise in futility meets the needs of instructors and administrators and impresses parents but does little for the child.

The child may be capable of counting from one to a hundred, but if he does not know the difference between two apples and three apples, then nothing has really been accomplished. The child may be capable of reciting the alphabet, but if he continues to enter the wrong restroom in public places, then he cannot read. Rote-memory does not imply knowledge or comprehension.

Also, there definitely needs to be a very close tie between the child's teacher and his parents. A TMR should experience a certain continuity throughout his day, and this close working relationship should be stressed by schools and institutions. For example, if a child misbehaves violently at school, punishment or correction may need to be exacted or continued at home. Many teachers view their classrooms as their private domains and see no relationship between what they are doing and the home environment. If such a working relationship does not exist, then the parents should insist that the practice be instituted.

There is no recognized or generally acceptable approach which is exclusively used with trainable retardates. Some individuals often develop their particular approaches to TMR's with great emphasis upon personal needs with little concern for the needs of the TMR. We must look to TMR's for our lead, in that, we should evaluate the child as to what he can do, what he can potentially do, and what he will need to survive. Without looking first to the retardate, we are not really meeting his needs and are theoretically further retarding his growth and development.